

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089476

FILED  
Jul 09, 2007  
Secretary of State

**Entity Name:** ZEPHYRHILLS DIAGNOSTIC CENTER, L.L.C.

**Current Principal Place of Business:**

12126 COBBLESTONE DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

12126 COBBLESTONE DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

RAMAPPA, GOGI M  
12136 COBBLESTONE DRIVE  
HUDSON, FL 34667 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GOGI M. RAMAPPA, M.D.

07/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: RAMAPPA, GOGI M  
Address: 12136 COBBLESTONE DRIVE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GOGI M. RAMAPPA, M.D.

D

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date